

County of San Diego Rollover Contribution Transmittal Form

Nondeductible or after-tax contributions you made to an IRA are not eligible for rollover into this Plan.

You must use your former employer's plan forms or other procedures to request a distribution from your former employer's plan.

**Check Plan or
Plans that Apply**

- ☐ County of San Diego Deferred Compensation Plan (250931)
☐ County of San Diego Incentive Retirement Deferred Compensation Plan 401(a) (250938)

**County of San
Diego Deferred
Compensation
Plan (250931)**

Use this form to roll over your eligible rollover distribution from a 401(a) qualified retirement plan (including 401(k), profit sharing, and Money Purchase Pension plans), 403(b) plan, governmental 457 plan, or SIMPLE IRA to your current employer's plan (Plan).

The Plan will accept a direct or indirect rollover of taxable amounts from a former employer's plan, and a rollover from a SIMPLE IRA.

**County of San
Diego Incentive
Retirement
Deferred
Compensation
Plan 401(a)
(250938)**

Use this form to roll over your eligible rollover distribution from a 401(a) qualified retirement plan (including 401(a), profit sharing, and Money Purchase Pension plans), or 403(b) plan to your current employer's plan (Plan).

The Plan will only accept a direct rollover of taxable amounts from a former employer's plan.

- ☐ **Direct rollover from plan.** The check will be issued from your former plan and must be made payable to the current Plan for your benefit. For example:
"Trustee of XYZ Savings Plan FBO Jane Doe."
- ☐ **Indirect rollover from plan or rollover from a SIMPLE IRA.** The distribution must be deposited into the current Plan within 60 days of your receipt of it. It is possible for you to use personal funds to make up the amount that was withheld for taxes. You may endorse the check from your former plan (or SIMPLE IRA) to the current Plan, or you may send a certified check, cashier's check, or money order.

If this is a rollover from a SIMPLE IRA, you must attach a check stub or other statement from your IRA identifying the account as an IRA and showing the date and gross amount of the IRA distribution, as well as the amount of federal income taxes withheld from the IRA distribution to you. If the IRA statement indicates that the SIMPLE IRA maintained by your employer was held at the IRA institution for less than two years, you must provide documentation, such as IRA statements from other IRA institutions, to substantiate that you participated in the IRA of your employer for two years before the distribution was made.

Your Information

Your Name	Social Security Number	Date of Birth (MM/DD/YY)
Street or P.O. Box (please include street address if using a P.O. Box)	City/State	ZIP
Daytime Phone	Evening Phone	E-mail Address

Investments

Your rollover contribution will be invested according to your current investment election for new contributions. Please call T. Rowe Price at (800)922-9945 or log on to your account at rps.troweprice.com to make changes to your investments.



**Employee
Certification**

I certify to the following statements regarding the rollover funds:

- I did not receive the funds as a nonspouse beneficiary of a death benefit
- I did not receive the funds as one of a series of periodic payments.
- I did not receive the funds as a hardship distribution.
- If I am over age 70½, the funds do not include any minimum required distributions.
- I am rolling over the funds within 60 days of the date I received the funds from the eligible employer plan, or SIMPLE IRA.
- If this is a rollover from a SIMPLE IRA, I received the funds after the expiration of the two-year period beginning on the date that I first participated in the SIMPLE IRA Plan maintained by my employer.
- These funds would be included in my gross income if not rolled over (no after-tax funds).

Signature

Date

Signature

I understand that, if a determination is made that the rollover was an invalid rollover, the amount of the invalid rollover, plus any earnings attributable to it, will be distributed to me within a reasonable time after such determination is made. I agree to notify the trustees of the plan upon receipt of information about such determination.

I agree to be bound by the terms of the prospectus for each fund I have selected as an investment option. I understand that I will receive the prospectus after I purchase shares in the fund.

I agree that neither the trustee, T. Rowe Price Group, Inc., its affiliates, nor its funds, will be liable for any loss when acting upon instructions believed to be genuine.

Signature

Date

The former employer plan administrator should complete the information below.

**Plan Distribution
Information**

Please provide the following information concerning the plan from which the distribution was made.

(Your rollover
cannot be
processed until this
section is complete)

Plan Name

Plan Type: ☐ 401(a) ☐ 403(b) ☐ Governmental 457 plan

I certify that the plan named above is intended to satisfy the requirements of the Internal Revenue Code for the plan type checked above, and I am not aware of any plan provision or operation that would result in the disqualification of the plan.

- Gross amount of distribution: \$ _____ Date distribution issued: _____
- Pretax contributions and earnings (Taxable amount of distribution): _____
- Return of after-tax contributions or other basis (Nontaxable amount of distribution): \$ _____
- Does the distribution qualify as an "eligible rollover distribution" under Section 402(c) of the Internal Revenue Code? _____
- Please sign this form in the space provided to certify that the information contained above is accurate.

Signature of Former Employer Plan Administrator

Date

Print Name

Title

Date

Address

Contact Phone Number

Note to Plan Administrator: Please return this form to the participant at the address given above.

